## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/537930

| CLAIMS AS FILED - PART I                                      |  |  |   |                       |                                 |  |     | SMALL ENTITY        |                        | OTHER THAN |                            |                        |
|---|--|--|---|-----------------------|---------------------------------|--|-----|---------------------|------------------------|------------|----------------------------|------------------------|
| (Column 1) (Column 2)   |  |  |   |                       |                                 |  |     | TYPE                |                        | OR         | OR SMALL ENTITY            |                        |
| U.S.  | . NATIONAL S                                   | STAGE FEES   |   |                       |                                 |  |     | RATÉ                | FEE                    |            | RATE                       | FEE                    |
| BAS   | IC FEE   |  | SMALL ENT.  | = \$ 150              | LARG                            | LARGE ENT. = \$ 300                    |     | BASIC FEE           |                        | OR         | BASIC FEE                  | 300                    |
| EXA   | MINATION FEE                                   | E  | Satisfies PCT Art<br>(4) = \$50 /                     |                       |                                 | All other situations = \$ 100 / \$ 200 |     | EXAM. FEE           |                        |            | EXAM. FEE                  | 200                    |
| SEA   | RCH FEE  |  | U.S. is ISA = \$ 5<br>ALL other cour<br>\$ 200 / \$ 4 | intries =             | Alloun                          | her situations = 250 / \$ 500          |     | SEARCH FEE          |                        |            | SEARCH FEE                 | 400                    |
| FEE   | FOR EXTRA S                                    | PEC. PGS.  | minu  | us 100 =              |                                 | /50 = .                                |     | X \$ 125 =          |                        |            | X \$ 250 =                 |                        |
| тот   | AL CHARGEAB                                    | 3LE CLAIMS   | 17 min  | nus 20 =              | *                               | *                                      |     | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
| INDE  | EPENDENT CL                                    | AIMS   | , mi  | inus 3 =              | *                               |  |     | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
| MUL   | TIPLE DEPENI                                   | DENT CLAIM PRE   | ESENT   |                       |                                 |  |     | + \$ 180 =          |                        | OR         | + \$ 360 =                 | ·                      |
| * If  | the difference                                 | in column 1 is I   | less than zero  | , enter "(            | 0" in co                        | lumn 2                                 |     | TOTAL               |                        | OR         | TOTAL                      | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |  |  |   |                       |                                 |  | - , | SMALL ENTITY        |                        |            | OTHER THAN<br>SMALL ENTITY |                        |
| A T   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                              |   | NUM<br>PREVIO         | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA                       |     | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
| DME   | Total  | *  | Minus   | **                    |                                 | <b>=</b> ·                             |     | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
| AMENDMENT   | Independent                                    | *  | Minus   | ***                   |                                 | =                                      |     | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |                       |                                 |  |     | + \$ 180 =          |                        | OR         | + \$ 360 =                 |                        |
|   |  |  |   |                       |                                 |  |     | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE        |                        |
|   |  | (Column 1)   |   | (Colu                 | ımn 2)                          | (Column 3)                             |     | •                   |                        |            |                            |                        |
| ПВ  |  | CLAIMS REMAINING AFTER AMENDMENT                                       |   | HIGH<br>NUM<br>PREVIO | HEST<br>MBER<br>IOUSLY<br>O FOR | PRESENT<br>EXTRA                       |     | RATE                | ADDI-<br>TIONAL<br>FEE | .          | RATE                       | ADDI-<br>TIONAL<br>FEE |
| OMEN  | Total  | *  | Minus   | **                    |                                 | =                                      |     | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
| AMENDMENT   | Independent                                    | *  | Minus   | ***                   |                                 | =                                      |     | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
| -   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |                       |                                 |  |     | + \$ 180 =          |                        | OR         | + \$ 360 =                 | ·                      |
|   |  |  |   |                       | ) .                             | TOTAL ADDIT.<br>FEE                    | •   | OR                  | TOTAL ADDIT.<br>FEE    |            |                            |                        |
| *   | If the "Highest Nu                             | umn 1 is less than the<br>umber Previously Pai<br>umber Previously Pai | aid For" IN THIS SP                                   | PACE is les           | ss than '20                     | 20', enter <b>"20"</b> .               |     |                     |                        |            |                            |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.